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ABSTRACT

This annual report details the accomplishments of the Alaska Head Start Program for fiscal year 1999. The report begins with a description of the Head Start program and its core values, and delineates the administrative and program partners of Head Start, its service population, eligibility requirements, funding sources, service models, and targeted services. The FACES Study linking Head Start quality to child outcomes is described, and early findings are presented. The report continues with an outline of the performance standards for the following areas: (1) early child development and health services; (2) family and community partnerships; and (3) program design and management. A table presents trend data on enrollment, services provided, and funding received from 1992 to 1999. Information on Alaska Head Start funding for the past 20 years is also presented. The report then describes the goals and accomplishments of the Alaska Head Start Association and details the goals of the Alaska Head Start State Collaboration Project. The report also contains an organizational chart of the relationships among Head Start programs within the network of Alaskan state agencies; a list of Alaska Head Start Directors, Support Systems, and training and technical assistance providers; and information from the state Commissioner of Education and Early Development regarding combining of early education with traditional elementary and secondary education under a single state agency. The report concludes with a map presenting the locations of Alaska Head Start programs. (KB)

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Alaska Head Start

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Making a Difference in Alaska by:

- Enhancing our children's growth and development
- Strengthening families as the primary nurturers of their children
- Providing children with education, health and nutrition services
- Linking children and families to needed community services
- Promoting high quality, effective programs with qualified staff

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1999 Annual Program Report

PS 029409

State of Alaska

Head Start State Collaboration Office, Department of Education and Early Development
Richard S. Cross, Commissioner

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Head Start is a comprehensive child development program serving children from birth to age 5, pregnant women and their families.

Head Start is a child-focused program and has the overall goal of increasing the "social competence" of young children in low-income families. Social competence refers to the child's everyday effectiveness in dealing with both his or her present environment and later responsibilities in school and life. Social competence takes into account the inter-relatedness of social, emotional, cognitive and physical development.

Head Start services are family-centered, following the belief that children develop in the context of their family and culture and that parents must be respected as the primary educators and nurturers of their children. Head Start offers family members opportunities and support for growth and change, believing that people can identify their own strengths, needs and interests, and are capable of finding solutions.

To support the overall goal of improving social competence, Head Start embraces a core set of values, including commitments to:

- **Establish a supportive learning environment for children, parents and staff** in which the processes of enhancing awareness, refining skills and increasing understanding are valued and promoted;
- **Recognize that the members of the Head Start community – children, families and staff – have roots in many cultures.** Head Start families and staff, working together as a team, can effectively promote respectful, sensitive and proactive approaches to diversity issues;
- **Understand that the empowerment of families occurs when program governance is a responsibility shared** by families, governing bodies, and staff, and when the ideas and opinions of families are heard and respected;
- **Embrace a comprehensive vision of health for children, families and staff** which assures basic health needs are met and encourages practices to prevent future illnesses and injuries. Head Start promotes positive, culturally relevant health behaviors that enhance lifelong well-being;
- **Respect the importance of all aspects of an individual's development,** including social, emotional, cognitive and physical growth;
- **Build a community in which each child and adult is treated as an individual** while, at the same time, a sense of belonging to the group is reinforced;
- **Foster relationships with the larger community,** so that families and staff are respected and served by a network of community agencies in partnership with one another; and
- **Develop a continuum of care, education, and services** that allow stable, uninterrupted support to families and children during and after their Head Start experience.

Head Start has a long tradition of delivering comprehensive and high quality services designed to foster healthy development in low-income children. The first Head Start Program in Alaska was established in 1965. Today, 18 Head Start grantee agencies provide a range of services in 101 communities throughout Alaska. These services include education, early childhood development, medical, dental, mental health, special education, nutrition, parent training and involvement, and staff career development. In addition, the entire range of Head Start services is responsive and appropriate to each child and family's developmental, ethnic, cultural and linguistic experiences and heritage. Currently only 23% of eligible children are receiving these services.

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Alaska Head Start at a glance

Program

Alaska Head Start

Head Start Grantees
Administrative Partners
Department of
Education and Early Development

Federal Head Start Bureau
(funding directly to grantees)

Region X - in Seattle

Region XI AIPB - in Washington, DC

Program Partners
Disabilities Service
Quality Improvement Center (T & TA provider for Head Start in Alaska)

Head Start State Collaboration Project

Service Population

Children & their Families

955, age 0 - 3

2,419, age 3 - 5

373 children w/ disabilities

3,351 total children served

23% eligible children served

Families
3,047 families of enrolled children received services

Staff
661 Head Start staff

341 staff are/were former parents

Communities
101 communities served by program

Eligibility Requirements

Family Income Guidelines for Alaska:

Family Size	Income
1	$ 9,870
2	13,270
3	16,670
4	20,070
5	23,470
6	26,870
7	30,270
8	33,670

for families with more than 8, add $3,400 for each additional member

Disability
Children with disabilities do not have to meet income guidelines. At least 10% of enrolled population must be disabled.

Funding Sources

$5,512,937 State (24%)

$17,012,017 Federal (57%)

$5,082,906 Community (15%)

Service Models

Service Model determined by community needs -Models include:

Early Head Start
weekly home visits with two group experiences per month (0-3)

Center Based - Full Head Start services provided at Head Start Center full or half day programs. Children and families receive minimum of 2 home visits, 2 meals provided

Home visit - Full Head Start services provided in-home, minimum of 1 weekly visit, 2 group experiences each month

Center based model can also include home visit option

Local Option determined by community, ---approved by Policy Council and meets Head Start Performance Standards

Targeted Services

- Health Screenings Follow-up and Treatment for
  - dental
  - nutrition
  - social emotional
  - mental
  - disabilities
- Education programs
- Parent Involvement
- Parent Education Training
- Staff & Parent Career development & Job Training
- Social Services
- Disabilities

Linking Head Start Quality to Child Outcomes: The FACES Study

The Head Start Family and Child Experiences Survey (FACES) is a recent longitudinal study of Head Start programs, classrooms, teachers, parents and children. The study uses specific Program Performance Measures to examine the overall quality of Head Start Programs and outcomes for children enrolled in Head Start.

Program Performance Measures

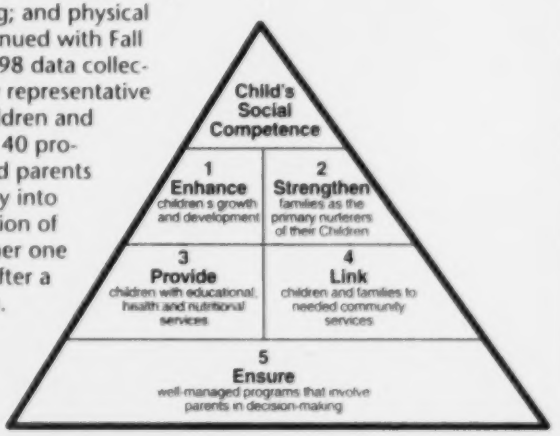
Head Start's ultimate goal is to promote the social competence of children. Social competence is defined as the child's everyday effectiveness in dealing with the present environment and later responsibilities in school and life. The specific Head Start objectives that support this goal are to:

1. Enhance children's healthy growth and development.
2. Strengthen families as the primary nurturers of their children.
3. Provide children with educational, health and nutritional services.
4. Link children and families to needed community services.
5. Ensure well-managed programs that involve parents in decision making.

For each of these objectives, Head Start has developed Performance Measures and Indicators that chart the Head Start Program's progress in meeting the objectives. For example, the objective *Enhance children's healthy growth and development*, includes the Performance Measure – "Head Start Children demonstrate improved emergent literacy, numeracy, and language skills." The Indicator for this measure is the change in the child's emergent literacy, numeracy and language skills over the head Start year.

FACES Data

The data for the FACES study are collected through classroom observations, direct assessment and observation of children, and both parent and teacher reports of child functioning over the program years. The first year of the FACES study (Spring, 1997) involved about 2,400 children and families in 40 programs nationwide in a variety of child development areas, including: emergent literacy, numeracy, and language skills; general cognitive skills; gross and fine motor skills, positive attitudes towards learning; social behavior and emotional well-being; and physical health. FACES continued with Fall 1997 and Spring 1998 data collections on a nationally representative sample of 3,200 children and families in the same 40 programs. Children and parents were studied at entry into Head Start, completion of the program (whether one or two years), and after a year of kindergarten.



FACES Early Findings

The findings from the FACES research are encouraging. Preliminary data show that the higher the quality of a Head Start classroom, the more likely that children will show higher levels of skills and, over time, display greater gains in developmental outcomes. Specifically the first FACES reports show:

Head Start Classroom Quality is Good

- Trained observers of 403 classrooms using the Early Childhood Environment Rating Scale (ECERS) found that average quality is in the "good" range.
- No Head Start classrooms score below the "minimal quality" rating, unlike other large studies of center-based preschools.

- Head Start class size and child-to-adult ratios meet or exceed standards.
- More than 86% of Head Start lead teachers report some college experience or a college degree.

Head Start Children Are Ready for School

- The typical four-year-old completing Head Start has knowledge and skills in early literacy and numeracy, as well as social skills signifying readiness to learn in kindergarten.
- Head Start four-year-olds perform above the levels expected for children from low-income families who have not attended center-based programs.

Program Quality is Linked to Child Performance

- Children score higher on early literacy measures when they experience richer teacher-child interaction, more language learning opportunities, and a classroom well equipped with learning resources.
- Children who attend two years of Head Start perform better than children who attend only one year.

Head Start Families Are Involved Despite Challenges

- Head Start parents are almost equally likely to be married as single, typically have two or three children, and most have at least a high school diploma or GED.
- Most households have at least one family member employed, but a majority receives some form of public assistance, such as food stamps, welfare, or Medicaid.
- Almost a quarter of Head Start parents speak a primary language other than English.
- A significant minority of Head Start families are facing major challenges, such as lacking employment, living in extreme poverty, or experiencing crime, frequent moves or homelessness.
- Head Start parents are involved with their children at home and in the program; 66% read to their child three or more times a week; 70% to 90% teach letters, numbers, or songs; and more than 90% involve their children in chores or errands, play with them, and talk with them about Head Start.
- Most Head Start parents participate at least once in a Head Start activity during the year, despite work, school, child care, and transportation barriers.
- Parents less likely to participate include single parents, parents who have not graduated from high school, and employed parents. But participation is equal across English-speaking and non-English speaking families.
- Almost 90% of parents are very satisfied with Head Start's program services, safety, and promotion of child growth and development.

Results of the FACES study are available through the Head Start Publications Management Center (HSPMC). For a copy of the Head Start Performance Measures Second Progress Report, including data form the Spring 1997 FACES pilot, see the Head Start Bureau web page at www.acf.dhhs.gov/programs/hsb, **the CORE web page at** www.acf.dhhs.gov/programs/rde, **or order from the HSPMC by fax 703-683-5769 or E-mail:** hspmc6@mail.idt.net

The Head Start Performance Standards are designed to ensure that the Head Start goals and objectives are implemented successfully, that the Head Start philosophy continues to thrive, and that all grantee and delegate agencies maintain the highest possible quality in the provision of Head Start services. The Head Start Performance Standards are the mandatory regulations that grantee and delegate agencies must implement in order to operate a Head Start program. The standards define the objectives and features of a quality Head Start program in concrete terms; they articulate a vision of service delivery to children and their families; and they provide a regulatory structure for the monitoring and enforcement of quality standards.

There are many paths to excellence

The cultural richness of Alaska provides many opportunities for learning and developing quality programs for children. Head Start programs from Savoonga to Metlakatla to Ruby to Anchorage must meet the same standards. Each program, however, is able to choose ways to address these standards that are most appropriate for their children, parents and community.

The Head Start Performance Standards are divided into three sections:

- Early Childhood Development and Health Standards
- Family and community Partnerships
- Program Design and Management.

Within each of these parts, standards have been developed for all aspects of the Head Start program. The following charts contain a summary of the Head Start Program Standards that guide Head Start Programs in Alaska.

Early Childhood Development and Health Services

Health/Safety

Required Mental Health Services
- provide parent education on mental health issues
- identify family concerns about child mental health
- share staff observations with parents on behavior/mental health issues
- support parents with needed interventions
- secure service of mental health professional for timely identification & intervention in family, staff concerns for child mental health
- design & implement program for response to identified behavioral & mental health concerns to promote child/family well-being & assist in providing special help for atypical behavior & development

Physical Health
- develop program for follow-up & treatment for problems identified by health screening including health, vision, hearing, immunizations, well-child check ups, dental treatment & education, disabilities, growth & development
- establish program for on-going health screenings, follow-up & treatment
- provide parent education on preventive health practices & early intervention

Education

Required Education Program must:
- be developmentally & linguistically, culturally, age appropriate
- include parents in process & planning
- support each child's individual pattern of development & learning
- provide individual & small group activities indoors & outdoors
- develop Individual Education Plan (IEP) for each child based on screenings, assessments, findings
- support development of child emerging skills in:
  - language
  - literacy
  - numerical
  - cognitive reasoning
  - problem solving
  - decision making
- develop a foundation for school readiness
- develop transition process for public school entry
- include child & teacher/adult directed activities

- establish & maintain procedures for emergency response, first aid, child abuse & neglect reporting, short-term illness exclusion, medication administration, safe handling of wastes, injury prevention, etc.

Screenings

Required Child Screenings include:
- completing of scheduled well-child checkups
- vision
- hearing
- dental
- physical growth & development
- nutrition
- immunization
- developmental for motor, language, social , cognitive, perc[illegible] emotional skills
- disabilities
- mental health

Screenings must be sensitive to child/family culture, language and involve child's family

Family Screenings include:
- access to health care sources
- family strength/risk factors
- all children must have health screening within 90 calendar days
- developmental, sensory, behavioral screenings must take place within 45 calendar days

Disabilities

Required Services include:
- screening, referral
- follow-up parent education follow-up, treatment for condition identified in screenings
- referrals to disabilities programs such as Infant Learning Program, school district
- development of service plan for special needs
- inclusion of children with disabilities in regular Head Start programs

Nutrition

Required Nutritional Services include:
- nutritional screening & assessment
- develop individual nutrition program that addresses
  - child nutrition needs
  - cultural meal preferences
  - special dietary requirements
  - age appropriate dietary needs
- meals & snacks for center-based programs that provide1/3 nutritional requirements for half-day program; 1/2 to 2/3 requirement for full day
- promote dental hygiene in conjunction with meals
- integrate meal, nutrition program in educational curriculum
- provide parent education on family nutrition

Social/Emotional

Required Program components include:
- enhancing child's understanding of self as individual and member of group
- provide opportunities to help child develop feelings of competence, self-esteem
- positive attitudes toward learning
- helps child develop emotional security and social relationships
- assists family in securing support and services for family well-being, such as housing, food, job training, employment, medical care, mental health services

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Family and Community Partnerships

Family Partnerships

Upon enrollment in Head Start, staff must begin process of building partnership with parents to establish mutual trust and to identify family goals, strengths, necessary services & support. Parents must be given an opportunity to:

- develop & implement individualized Family Partnership Agreement
- interact continually with Head Start
- receive support to access services & resources necessary to achieve family goals
- receive emergency or crisis assistance
- receive continuing education & employment training & services
- receive appropriate interventions such as counseling, education on mental health issues, substance abuse, etc.

Community Partnerships

Head Start programs are required to take an active role in their community by:

- sharing information among agencies to improve child/family services
- establishing a Health Services Advisory Committee which includes professionals & volunteers from within community
- establish other advisory committees as appropriate to local program & community
- sharing training & education opportunities between Head Start & community
- conducting a Community Assessment to assess resources, strengths & needs of community programs & services for children/families

Program Collaboration

Head Start State Collaboration grants are awarded to states to develop higher level of collaboration between Head Start & other state, federal & community programs. Establishing collaborative relationships to promote access to services including:

- health care providers
- mental health providers
- nutritional service providers
- disability providers
- family preservation & support
- AmeriCorps
- child protective services
- elementary schools
- other educational services
- child care providers
- other organizations & businesses
- homeless children & families
- developing MOAs with agencies regarding services for children with disabilities
- establishing & maintaining procedures & support successful transitions into & out of Head Start by establishing relationships with schools, child care, Infant Learning, other early childhood programs

Training/ Education

Opportunities for continued training & education must be provided to staff, volunteers, families for/on:

- Head Start program development, goals,
- standards
- early childhood development
- preventive health care, including medical, dental, mental, nutrition
- career development, job placement
- Head Start decision making processes
- Family & personal Wellness programs

National Head Start Association provides training opportunities through:

- National Training guidelines
- annual Head Start Association conference
- National training for staff and parents

Family/Parent Involvement

Head Start must provide opportunities for parents to:

- be involved in program policy making decisions
- have educational activities appropriate to their expressed needs
- visit & observe & participate with children participate in program as volunteers & employees
- be included in development of program's curriculum, education & child development activities
- enhance parenting skills, knowledge & understanding of child development needs
- participate in family literacy programs
- participate in staff-parent conferences -minimum of 2 per year
- receive medical, dental, nutrition & mental health education
- receive assistance in enrolling in & receiving family health care
- become active partners in their children's medical & dental health care
- have opportunity to learn principles of preventive medical/dental, health, nutrition education
- identify & discuss child & family mental health issues
- be actively involved in implementing any mental health interventions

Early Head Start Model

Early Head Start is based on four cornerstones:

- child development
- family development
- community building
- staff development

Head Start provides pregnant women & families with children from prenatal to age 3 with the full range of Head Start services. Comprehensive health, education, training, parent involvement, nutrition services are specific to age and stage of development.

Head Start staff must meet required training & education requirements for infant/toddler care.

Facilities must meet safety/health requirements for infant/toddler populations.

Pregnant women receive appropriate health/nutrition education, screenings & treatment.

- receive comprehensive information about community resources
- work together & with other community members on programs/activities
- participate in transition activities into & out of Head Start
- receive education & training in continued involvement in their children's future education
- participate in home visits

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Program Design and Management

Staff Training/ Qualifications

Head Start Standards require:

- current & former parents receive employment preference
- staff that represent the ethnic, cultural background of families; able to communicate in home language
- staff qualified in theory of principles of early childhood growth & development, early childhood education, family support
- health providers experienced in public health, nursing, health education, maternal child health
- staff providing services for nutrition, mental health, disabilities, medical procedures, must have applicable licensing
- staff providing home visiting services, family services, parent involve- ment, infant/ toddler services, must be educated in applicable professional fields
- training/orientation about goals/requirements for Head Start provided for all new staff
- training/orientation about goals/requirements for Head Start provided for all new staff
- programs must establish & implement training & education system with academic credit, career development opportunities for career advancement in Head Start or related fields
- training in identifying & reporting abuse & neglect
- training in transition planning for families into & out of Head Start

Program Evaluation

Programs must develop & implement on-going process for planning that includes:

- community assessment
- developing multi-year program goals & short term goals & financial objectives
- develop written plans for implementing services in all program parts
- review plans & progress in meeting them by staff, policy council, parent committee at least annually
- revise & update plans as needed
- conduct yearly self-assessment
- establish & implement procedures for on-going monitoring of all local programs & grantee program
- develop plans & time-tables to correct identified differences & problems

On a 3 year rotating basis, all grantees receive joint federal & state on-site review for compliance with Head Start Performance Standards

MIS Data/Reporting

Head Start programs must have Program Information Systems to provide:

- accurate & timely information on child/family/staff
- generate monthly reports on status of finances
- required reports for state, federal, local, or other organizations quarterly
- specific program data on all program components such as immunizations, health screenings, etc.
- year end Program Information Report for feds. & state

- abide by Head Start standards of conduct, health & wellness guidelines
- every classroom must have a CDA or early childhood professional

Program Structure

Head Start is a nation-wide comprehensive child/family program. All Head Start programs are required to comply with requirements of Head Start Program Performance Standards 45CFR Part 1304.

Head Start is funded by federal and state grants to Head Start grantees who establish and administer local Head Start programs.

Federal oversight is provided through monitoring by feds & state

The Head Start Association provides coordination, training, collaboration between all local programs.

Head Start parents, staff & friends can be members of the State and National Head Start Associations.

Decision Making Systems

Head Start must establish & maintain shared governance structure through which parents share in decision making & must consist of: Policy Council and/or Policy Committee established at grantee level comprised of parents (51%) & community representatives

Responsibility of policy groups are:

- funding, applications
- program planning, goals
- program assessment audit
- personnel policies (contact, hiring, termination)
- link to parent committee, grantee management staff, state/federal agencies & organization

Site Committee
established at local program level comprised of parent members only

Responsibilities include:

- advise staff in developing & implementing local program policies, services
- plan, conduct & participate in programs & activities for parents
- participate in recruitment & screening of Head Start employees

Facilities

Head Start physical environments & facilities must:

- comply with all health, safety, fire regulations of federal and state standards
- comply with standards for ADA
- facilities must have minimum of 35 sq. feet of usable indoor space per child
- space must be organized into functional areas that support early childhood growth & development
- materials, equipment, toys, must be supportive of educational objectives, cultural & ethnic backgrounds, age-appropriate, safe, provide variety of learning experiences
- facilities are locally owned-maintained by Head Start to meet federal & state mandate for Head Start facilities

To: Barb Pellet From ~~Dot~~

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1992–1999

	1992		1993		1994		1995		1996		1997		1998		1999		TOTAL	comments/analysis
HS Children Served	2,081		2,845		3,020		3,250		3,228		3,177		3,232		3,351		23,393	23% eligible children served
Families	1,987		2,377		2,730		2,974		2,872		2,864		2,870		3,047		21,701	# families
Diagnosed Handicapped	263		300		376		404		397		405		440		373		2,958	12% diagnosed handicap
Completed Med Screen	1,613	78%	1,870	71%	1,864	62%	2,100	64%	2,394	74%	2,116	67%	2,078	64%	1,978	59%	15,013	67% completed medical screening
Screened Dental	1,498	72%	1,903	72%	1,945	64%	2,179	67%	2,366	73%	2,140	67%	2,021	63%	2,186	65%	14,343	68% completed dental screening
Immunized	1,763	85%	2,378	90%	2,670	88%	2,828	87%	3,068	95%	2,995	94%	2,976	92%	2,986	89%	21,486	90% completed immunization
w/CDA Credentials	93		97		112		106		127		140		186		134			staff with CDA
HS Staff	380		469		532		575		592		593		615		661			HS staff
Staff is/was HS parent	225		218		285		276		262		274		321		341			parents now staff
Bilingual Staff	161		185		220		219		258		224		220		220			bilingual staff
Communities HS serves	68		79		88		88		92		94		94		101			communities HS serves
Volunteer Hours			66,487		73,759		69,360		85,145		94,118		96,763		112,087		597,719	volunteer hours
Age @ Enrollment Prenatal			23		12		12		14		27		15		22		135	1% prenatal
0-1			100		145		119		114		103		167		108		856	4% 0-1
1-2			85		120		138		117		143		165		160		928	4% 1-2
2-3			163		224		465		395		320		491		665		2,723	11% 2-3
3-4			1,012		1,231		1,440		1,238		1,400		1,345		1,415		9,081	38% 3-4
4-5			1,262		1,290		1,085		1,337		1,183		1,033		1,004		8,194	34% 4-5
Ethnicity Native			1,879		2,081		2,106		2,161		2,177		2,157		2,204		14,765	68% Native
Asian			40		56		76		63		88		83		89		495	2% Asian
Black			132		173		200		169		168		164		158		1,164	5% Black
Hispanic			66		87		125		140		146		136		167		867	4% Hispanic
White			528		621		692		663		591		624		688		4,407	20% White
State $	4,772,509		5,585,045		5,813,378		5,937,530		5,674,268		5,697,103		5,489,951		5,512,937		$44,292,721	26% state investment
Federal $	5,166,919		8,496,281		10,325,991		12,454,130		12,580,937		13,379,230		15,603,694		17,012,017		$95,039,199	55% federal investment
Community $	1,767,558		2,241,876		2,585,979		2,815,473		3,210,660		3,548,717		4,249,339		5,062,908		$25,480,504	15% community investment
Other	103,327		111,454		209,324		159,480		267,898		124,616		141,389		901,652		$2,018,940	1% other
USDA $	346,750		470,694		597,784		615,525		632,184		710,115		743,332		755,293		$4,871,677	3% usda ccfp

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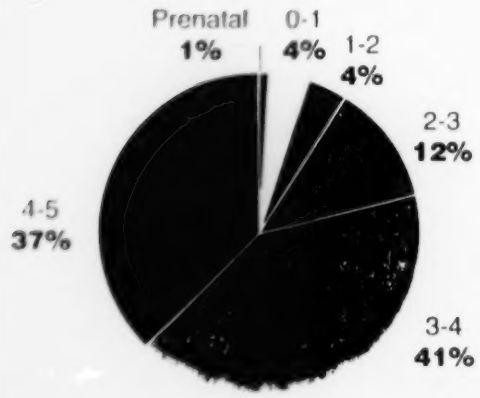
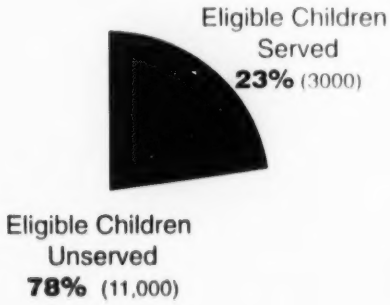
Who do we serve?

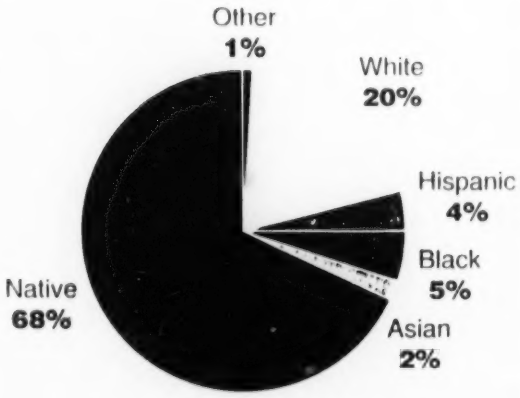
Ages of Children



Eligible Head Start Children



Ethnicity



- In 1992, 78% of enrolled Head Start Children completed medical screenings
- In 1999, 59% of enrolled Head Start Children completed medical screenings
- In 1990, Alaska Head Start Programs served 2,000 of the estimated 14,000 eligible children – 12,000 children were unserved
- In 1999, Alaska Head Start Programs served 3,000 of the 14,000 estimated eligible children – 11,000 children were unserved.
- In 1999, 89% of Alaska Head Start Children were immunized
- In 1990, 37% of Head Start funding came from state general funds
- In 2000, 12% of Head Start funding will come from state general funds
- In 1999, 321 of 615 staff (52%) were former Head Start Parents
- In 1999, Alaskan communities contributed 96,763 documented volunteer hours to Head Start Programs.

Twenty Years of Head Start Funding in Alaska

Head Start in Alaska has existed since 1965 when federal funding for programs in Fairbanks, Metlakatla, Anchorage/ Chugiak and rural Alaska became available. In the past 34 years, Alaska Head Start programs have served over 23,000 children and their families. Alaska Head Start has received state general funds for operations and expansion since 1978.

The following information sheet outlines funds from federal, state and community sources since 1980.

- **There was a significant increase in state general funds for Head Start in 1982.** These funds were disbursed to grantees throughout the state to insure compliance with federal Head Start performance standards.
- **State funding for expansion of Head Start services occurred in 1988, 1989 and 1991.**
- Federal Head Start funds for Cost-of-living-allowances and quality improvements were awarded from 1992-95. Quality improvements included staff salaries and health benefits, training and education for staff and hiring specialized staff for special needs, health and educational services.
- **State general funds were significantly reduced from $5,508,449 in 1999 to $3,241,509 in 2000** – from 20% to 12%. An additional $2,400,008 in federal Temporary Assistance to Needy Families (TANF) funds was supplanted to the state funding category to bring funding up to needed levels. However, these TANF funds are one-time savings to the state that will not be available in future years.
- Records of community funding for Head Start have been kept since 1990. Since that time the community share of funding has steadily increased. **In 2000, the community contributions for Head Start surpass the state's general fund contribution.**

Twenty Years of Funding

Year	State $	Per Cent	Federal $	Per Cent	Community $	Per Cent	Number of Communities	Total Number of Children
1980	600,00	20	2,396,169	80				
1981	1,136,000							
1982	2,400,000	42	3,238,948	58				1,199
1983	2,616,000	42	3,660,152	58				1,295
1984	2,757,000	40	4,061,968	60				1,449
1985	2,713,000	42	3,738,565	58				1,551
1986	2,712,500	40	4,044,004	60				1,658
1987	2,332,700	34	4,489,467	66				1,625
1988	2,680,000	38	4,442,887	62				1,588
1989	3,299,800	42	4,545,843	58			60	1,825
1990	3,964,800	37	5,031,221	47	1,681,313	16	65	1,967
1991	4,772,509	39	5,533,869	46	1,841,988	15	68	2,081
1992	5,648,174	39	7,011,569	48	1,883,339	13	73	2,421
1993	5,585,045	34	8,498,281	52	2,241,876	14	79	2,645
1994	5,613,378	30	10,325,991	56	2,565,979	14	85	3,020
1995	5,937,530	27	12,454,130	59	2,815,473	13	88	3,259
1996	5,640,531	26	12,580,937	59	3,210,660	15	92	3,228
1997	5,672,103	25	13,379,230	59	3,546,717	16	92	3,177
1998	5,489,951	22	15,603,694	62	4,249,339	17	93	3,240
1999	5,508,449	20	16,992,400	62	4,789,516	18	101	3,287
2000	3,241,509	12	19,392,400	70	5,289,516	19	102	

note: 2000, In that 45% state grant funds are TANF, therefore $2,400,008 shifts to federal from state.

Alaska Head Start Association — supporting and advocating for Alaska's children and families.

The Alaska Head Start Association (AHSA) is composed of four affiliate groups: Head Start directors, staff, parents of children who are currently enrolled in Head Start and friends – individuals, including former parents and staff, throughout the state who support Head Start programs. The AHSA is responsive to this diverse membership through its comprehensive goals and objectives. Specifically the AHSA strives to:

- Provide support to Alaska Head Start programs located in 101 communities throughout Alaska
- Develop and implement strategies for funding, program improvements and comprehensive services for low-income children and their families
- Support training, education and professional development for all categories of its membership.
- Advocate for the provision of comprehensive services to the Head Start community including:
  - Promoting the healthy development of all young children, not just those currently enrolled in Head Start,
  - Assisting parents and families in meeting the needs of their children and families and becoming economically self-sufficient
  - Strengthening communities so that children and families can live in safe, healthy environments
  - Supporting child and family-oriented legislation and policies
  - Ensuring programs provide culturally relevant, meaningful services
- Represent the interests and needs of both Region X and Region XI Alaska Head Start Programs.

The AHSA is a private, non-profit association supported through annual membership fees. A 15 member Board of Directors governs the AHSA. Board membership must consist of at least four parents, four staff, four directors and three friends, and be representative of both Region X and XI funded programs. The Board is responsible for promoting the mission, purpose and objectives of the AHSA, seeking grants, funding and donations, appointing and supervising committees of the AHSA, electing officers, developing an annual budget and approving all policy statements issued on behalf of the AHSA.

Four standing committees also guide and direct activities for the AHSA. They are:

- **Budget and Resource** to oversee the budget and research grants and funding sources.
- **Advocacy and Networking** to increase awareness of issues affecting children and families, develop position statements and increase communication throughout the Alaska Head Start community on legislation, policies and issues affecting children and families; and to establish communication, public information and representation in other children's organizations.
- **Training** to develop and coordinate training activities, conferences and meetings and other educational resources for the Head Start community.
- **By-laws** to conduct annual review of by-laws, resolve questions and recommend amendments as needed.

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Since the AHSA was founded in 1993, they have compiled an impressive list of accomplishments. Only a few of them are listed below:

- Sponsoring quarterly face-to-face Board meetings and monthly conference calls.
- Planning and funding the annual Head Start Collaboration week and AHSA meeting which provides an opportunity for parents and staff to meet and discuss current issues with policy makers and their legislators during the legislative session in Juneau.
- Sponsored the Head Start Extravaganza for the National Head Start Association, Region X Head Start Association, and National Indian Head Start Association in Anchorage in 1994.
- Celebrated 30 Years of Head Start in Juneau and Anchorage in 1995.
- Co-sponsor for the Early Years, Critical Years Conference in 1998 – the first statewide conference devoted to children age 0 to 3 attended by over 600 participants.
- Initiated a statewide children's advocacy group called "One Voice."
- Began long-term financial planning efforts, including investment in a Certificate of Deposit.
- Surpassed the membership goal of 250 in 1998.
- Began planning for the Region X Head Start Conference 2000 – Celebrating the Past, Creating the Future in Anchorage in March 2000.
- Voter registration assistance for Head Start parents and staff.
- Established partnerships with the statewide children's programs and organizations including: the Alaska child health insurance program - Denali KidCare; Alaska Head Start State Collaboration Project.
- Provided leadership and advocacy on issues affecting Head Start and other children and their families including: better communication and collaboration among funding agencies (state and federal), encouraging and recognizing excellence in program services, support funding for current and future services for children and families, providing direction for the Head Start State Collaboration Project.

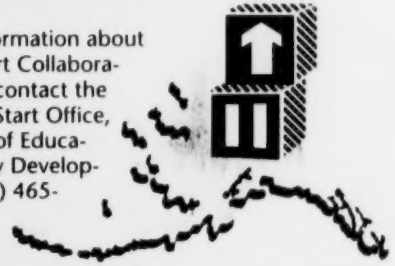
Alaska Head Start State Collaboration Project

On October 1997, the State of Alaska was awarded a second Head Start State Collaboration Grant from the U.S. Department of Health and Human Services. The purpose of the State Collaboration Grant is to create partnerships between Head Start and programs that provide services and support to children and families throughout the state. During the first five-year grant period, significant partnerships and programs were developed between Head Start, the Alaska Head Start Association, state and federal agencies, private and non-profit organizations, communities, schools, and businesses. The second five-year grant will allow the state to strengthen these partnerships.

Through partnerships, the goals of the Collaboration Grant will be implemented. These goals include:

- **Expanding and improving Head Start services** by working with the Alaska State Legislature, Alaska Children's Cabinet, state and federal agencies, businesses, community organizations, Alaska Head Start Association, the Head Start Region X & XI, the Technical Assistance Resource Center, and the Resource Access Project.
- **Improving services for children with disabilities** through transition planning and partnerships with schools, Infant Learning Programs, the Alaska Mental Health Trust Board, and other state departments.
- **Improving outcomes for at-risk children and families** through support and promotion of the Alaska Children's Trust Fund, home visiting programs, Head Start Family Wellness models, quality child care, and appropriate family literacy programs.
- **Providing education and technical assistance about Head Start programs** to schools, advisory groups, and the public through the Alaska's Children Newsletter, participation on various boards and committees, and training opportunities.
- **Improving the health and well-being of Alaska's children and families** by integrating Head Start mental health and dental health models into an "Alaska Plan" with Head Start Region X and XI, state, and community health plans.
- **Supporting economic self-sufficiency for Alaska's low-income families** by participating in the assessment, development, and implementation of Alaska's welfare reform efforts, health care planning, child care, job training, and other efforts for low-income children and families.
- **Maintaining the social, academic, health, and emotional gains of Head Start children and families** in public school through transition planning models, establishing a career development plan for early childhood educators and care givers, and supporting parent/family involvement in their children's education.
- **Providing support to the Alaska Head Start grantees** through technical assistance to Head Start staff, the Alaska Head Start Association; and maintaining Head Start data through the Child Plus III statewide management information system.
- **Providing support for appropriate high quality early childhood programs.**

For more information about the Head Start Collaboration Project, contact the Alaska Head Start Office, Department of Education and Early Development at (907) 465-4860.



The Alaska Head Start Collaboration Grant is funded by the U.S. Department of Health and Human Services, Administration for Children & Families, National Head Start Bureau.

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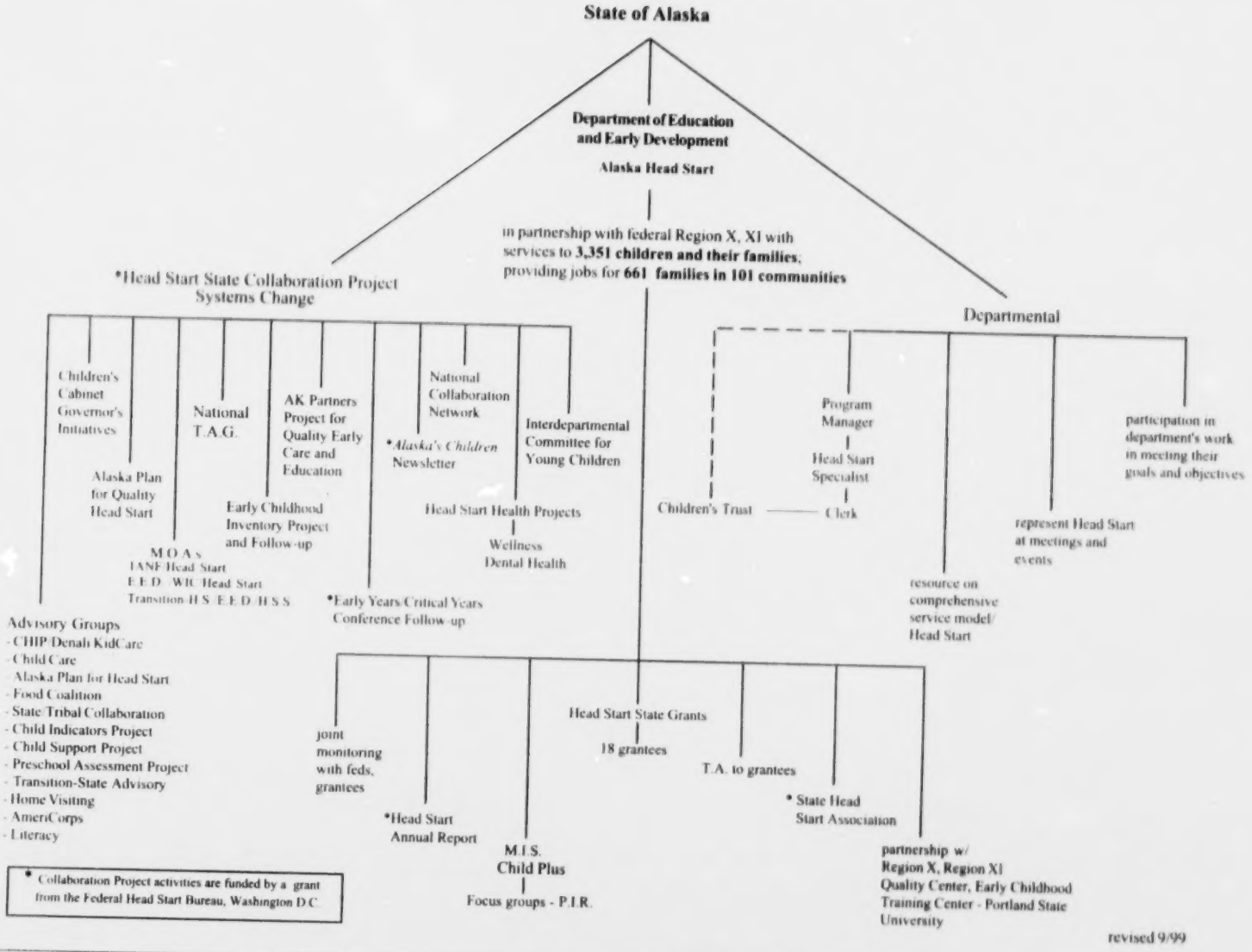
ALASKA HEAD [illegible] 1999 Program Partners


State of Alaska
Department of Education and Early Development
Alaska Head Start
in partnership with federal Region X, XI with services to 3,351 children and their families, providing jobs for 661 families in 101 communities
*Head Start State Collaboration Project Systems Change
Children's Cabinet Governor's Initiatives
Alaska Plan for Quality Head Start
M.O.A.s TANF-Head Start E.E.D.-WIC Head Start Transition-H.S.-E.E.D.-H.S.S.
National T.A.G.
Early Childhood Inventory Project and Follow-up
AK Partners Project for Quality Early Care and Education
*Early Years/Critical Years Conference Follow-up
National Collaboration Network
*Alaska's Children Newsletter
Interdepartmental Committee for Young Children
Head Start Health Projects
Wellness
Dental Health
Advisory Groups
- CHIP/Denali KidCare
- Child Care
- Alaska Plan for Head Start
- Food Coalition
- State/Tribal Collaboration
- Child Indicators Project
- Child Support Project
- Preschool Assessment Project
- Transition-State Advisory
- Home Visiting
- AmeriCorps
- Literacy
* Collaboration Project activities are funded by a grant from the Federal Head Start Bureau, Washington D.C.
Departmental
Program Manager
Head Start Specialist
Clerk
Children's Trust
participation in department's work in meeting their goals and objectives
represent Head Start at meetings and events
resource on comprehensive service model/ Head Start
Head Start State Grants
18 grantees
T.A. to grantees
* State Head Start Association
joint monitoring with feds, grantees
*Head Start Annual Report
M.I.S. Child Plus
Focus groups - P.I.R.
partnership w/ Region X, Region XI Quality Center, Early Childhood Training Center - Portland State University
revised 9/99

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A New Direction

by Richard S. Cross, Commissioner of Education and Early Development

When Governor Knowles signed House Bill 40 into law last legislative session, he enacted a public policy of major dimensions. Among other things, the legislation combined early development with the traditional K-12 education system under a single agency: the Department of Education & Early Development (EED).

With the passage of HB 40, EED now has the policy and administrative authority, supported by specific statutes, to create and implement a vision for comprehensive public school, school-readiness and early childhood programs for children of all ages—from birth through high school.

For EED, the new name means assuming new responsibilities, which went into effect on July 1, 1999. Statewide programs for Child Care Assistance, Child Care Programs and Head Start were transferred to EED, along with the employees who work in these programs from the former Department of Community & Regional Affairs. One year from now—on July 1, 2000—the responsibility for licensing child care facilities will transfer to EED from the Department of Health & Social Services.

To appropriately integrate these wide ranging programs for children from birth through high school, we will need to build a vision that takes into account the comprehensive needs of all children for health, nutrition, child care, language, cognitive, academic and career development. This vision will no longer be limited by an artificial age cut-off of five- or six-year-olds—the needs of *all* children will be taken into account.

To make sure this gets done quickly and with care, I have taken a number of immediate actions. I have created a second Deputy Commissioner position in the Department of Education & Early Development. We are fortunate that long-time children's advocate Yvonne Chase has agreed to be Deputy Commissioner of Early Development. She is first person to ever hold this position. She will work with me, Deputy Commissioner of Education Bruce Johnson and the State Board of Education and Early Development to begin building our new vision. Both Yvonne and Bruce have equal standing in EED and together they comprise my key policy team.

Yvonne, Bruce and I will begin working with the State Board of Education September 23, 24 and 25 in Anchorage to begin writing a new mission, goals and work plan for Fiscal Year 2000. We will also discuss new regulatory and statutory needs to implement our vision. I am prepared to ask the State Board to support additional funding to begin expanding services to young children who currently do not receive services. Our vision will be guided by current research on brain and child development, and programs that work, like Head Start.

On July 1, 1999, the date the new department came into being, I took the step to unveil a new Department of Education & Early Development logo. On that day, we even began using our new letterhead with our new name, and changed our email address to reflect our name with the "eed" abbreviation, instead of the old "educ."

We have the new logo and EED materials because symbols speak loudly. They describe who you are, how you view yourself, how you view others, what sort of work you do, and even the quality of your work. The logo appropriately depicts a child's hand reaching for the North Star, for a bright future. The logo displays the full name of our department, which makes it clear that we are working to improve the lives of Alaska's children of all ages. The logo also contains our state colors to show that we are an integral and vital part of Alaska.

We also have these new symbols because I deeply support and believe in the new direction of one department to serve all children of all ages. We will use our new authority to systematically address the needs of young children to give them the best chance possible to arrive at their first day of school healthy and learning. Once in school, we will help them meet high state academic standards, develop healthy life styles and prepare for worthwhile lives.

Alaska's Head Start program has much to contribute to the new statewide vision. I expect the knowledge gained through Head Start's long history of successful programs geared toward the development of young children, including its highly regarded family involvement model, will influence the direction of the Department of Education & Early Development in the months and years ahead.

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Marguerite Andreu, Prog. Spec
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ALASKA HEAD START

1999 Program Sites

KAWERAK
Brevig Mission
Diomede
Elim
Gambell
Golovin
Koyuk
Nome
Shishmaref
St. Michael
Shaktoolik
Teller
Wales
White Mountain

RURAL-CAP
Alakanuk
Chevak
Emmonak
Haines
Homer
Hooper Bay
Hydaburg
Kake
Ketchikan
Kluti Kaah
Kodiak
Kwethluk
Marshall
Mt. Village
Napaskiak
Noorvik
Savoonga
Selawik
Seward
Stebbins
Toksook Bay
Rural CAP/EHS:
Akiak
Nunapitchuk
Pilot Station
St. Mary's

CHUGACHMIUT
Nanwalek
Port Graham
Seldovia

TANANA CHIEFS
Holy Cross
Huslia
Kaltag
Koyukuk
McGrath
Nulato
Ruby
Tanana

CHUGIAK CHILDREN'S SERVICES
Big Lake
Chugiak
Eagle River
Houston
Palmer
Wasilla

ASSOC. OF VILLAGE COUNCIL PRESIDENTS
Akiachak
Bethel
Kalskag
Kasigluk
Kotlik
Pilot Station
Quinhagak
Scammon Bay
Tuluksak

ALEUTIAN/PRIBOLOF ISLANDS ASSOC.
King Cove
Sand Point
St. George
St. Paul
Unalaska

NATIVE VILLAGE OF TYONEK
Tyonek

TLINGIT & HAIDA CENTRAL COUNCIL
Angoon
Craig
Hoonah
Juneau
Klawock
Petersburg
Saxman
Sitka
Wrangell
Yakutat

UPPER TANANA PARENT-CHILD PROGRAM
Eagle
Northway
Tok
Mentasta

METLAKATLA INDIAN COMMUNITY
Metlakatla

BRISTOL BAY NATIVE ASSOCIATION
Dillingham
Manokotak
Newhalen
New Stuyahok
Togiak

KID'S CORPS, INC.
Anchorage

SOUTHCENTRAL FOUNDATION
Anchorage

ADULT LEARNING PROGRAMS OF ALASKA
Fairbanks

FAIRBANKS NATIVE ASSOCIATION
Fairbanks center based
Fairbanks Early Head Start

KENAITZE INDIAN TRIBE IRA
Kenai
Soldotna
Nikiski

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